

LIB 000 246 204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

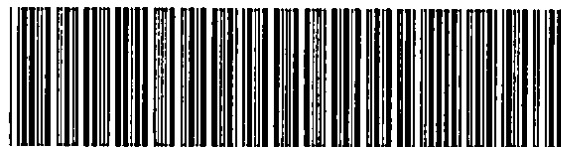
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ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Royal Foam US LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valentyn Kulbaka

\_\_\_\_\_  
Name of Person

Royal Foam US LLC

\_\_\_\_\_  
Firm/Company

9745 Touchton rd unit 3102

\_\_\_\_\_  
Address

Jacksonville FL 32246

\_\_\_\_\_  
City/State and Zip Code

valentyn@royalfoam.us

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valentyn Kulbaka

904 3455400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 11, 2019

VALENRYN KULBAKA  
9745 TUCHTON RD  
UNIT 3102  
JACKSONVILLE, FL 32246

SUBJECT: ROYAL FOAM US LLC  
Ref. Number: L18000246204

We have received your document for ROYAL FOAM US LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 719A00007361

RECEIVED  
2019 APR 18 PM 4:04  
CLERK OF THE COURT  
TALLAHASSEE, FL

Royal Foam US LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Viacheslav Kulbaka	9745 Touchton rd unit 2501 Jacksonville FL 32246	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Valentyn Kulbaka		<input type="checkbox"/> Add
		9745 Touchton rd unit 3102 Jacksonville FL 32246	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Valentyn Kulbaka	9745 Touchton rd unit 3102 Jacksonville FL 32246	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_, /

Valentyn Kulbaka

Typed or printed name of signee